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PATENT Docket No. 20067/OPP031477US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kwan-Ju KOH) I hereby certify that this paper is) being deposited with the United
Serial No.: 10/749,578	 States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Filed: December 20, 2002) Commissioner for Patents, P.O.
Filed: December 30, 2003	Box 1450, Alexandria, VA 22313-1450 on this date:
For: "Methods of Forming a Contact Hole in a Semiconductor Device"	October 3, 2005 Jan G. Hyll
Group Art Unit: 2812) /ames A. Flight) /Registration No. 37,622
Examiner: Richard A. Booth	Attorney for Applicant(s)

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action pending in the above application.

10/06/2005 YPOLITE1 00000020 10749578

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120.00 OP

1. Small Entity S	Status
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	Verified statement(s) claiming small entity status is(are) attached.
	Small entity status has been established and is still effective.
\boxtimes	Has not been established.

2. Extension of Time

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month	X	\$120.00	\$60.00	
Two Months		\$450.00	\$225.00	
Three Months		\$1020.00	\$510.00	
Four Months		\$1,590.00	\$795.00	
Fifth Month		\$2,160.00	\$1,080.00	

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$120.00

An extension for month(s) has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$0.00

Extension Fee Due With This Request \$120.00

3. Fee for Claims

☑ The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

			-		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	8	MINUS	20	= 0	x25=	\$	x50=	\$0
INDEP.	1	MINUS	3	= 0	x100=	\$	x200=	\$0
First Presentation of Multiple Dependent Claim			+180=	\$	+360=	\$		
TOTAL ADDITIONAL FEE				\$	OR	\$0		

4. Method of Payment of Fees

\Box	Attached is a check in the amount of (\$120 for one-month ext for IDS):	ension and \$180 \$300.00
	Charge Deposit Account No. 50-2455 in the amount of:	\$

5. Deposit Account and Refund Authorization

A copy of this Transmittal is enclosed.

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC USPTO Customer Number 34431 20 North Wacker Drive Suite 4220

Chicago, Illinois 60606 (312) \$80-1020

By:

Jagnes A. Flight

Registration No.: 37,622

October 3, 2005